

Attachment B. DIRECT CLIENT SERVICES NARRATIVE - Face Sheet**A. CONTRACTOR INFORMATION**

1. Contractor Agency Name: _____

2. Address: _____

3. Telephone Number: _____ Fax Number: _____ Email: _____

4. Contractor Agency Project Director (Name and Title) _____

5. Contractor Agency Contract Administrator Name: _____

5a. Contractor Agency Contract Administrator Title: _____

5b. Address (if different from A.2. and 3. above):

Telephone Number: _____ Fax Number: _____ Email: _____

6. Name of Program (s): _____

7. Status: () Public () Private, Not for Profit () Private, For Profit

8. Contractor Agency Federal Tax ID Number: _____

9. Contractor's Financial Reporting Year _____ through _____

B. SERVICE DELIVERY SITE(S):
_____**C. AREA TO BE SERVED:** _____**D. SERVICES TO BE PROVIDED:**

| (1) Service | (2) Service Code | (3) # of Persons Served | (4) # of Units of Service | (5) Definition of Unit of Service |
|----------------|------------------------|-------------------------------|---------------------------------|--------------------------------------|
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(Signature of Authorized Person)_____
(Date Submitted)